Appendix B

Candidate's or Committee's Report of Receipts and Expenditures

Candidates and candidate committees: File in the office where you filed your nominating petition.

PACs, political party, ballot question and other committees: File with Elections Department, Secretary of State's Office.

SEC. OF STATE See pages 9 & 10 of the Guideline Book for specific instructions on completing this report. Name of Candidate or Committee Complete Mailing Address Name of Person Making Report Daytime Phone Number If you are a candidate, what office are you seeking? If you are a ballot question committee, indicate which measure(s) the committee was involved with during the reporting period and whether the measure was supported or opposed. Type of Report (See pages 4 & 5 of Guideline Book)_ For Reporting Period Ending (See pages 4 & 5 of Guideline Book) The following verification must be completed before submitting report. VERIFICATION OF PERSON MAKING REPORT (print name legibly), certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Candidate Signature or

Signature of Committee Treasurer or Chairperson

Revised July 2001

Filed this 3rd day of Chi. Nelson
SECRETARY OF STATE

Name of Candidate or Committee

12-31-04

For the reporting period ending

Schedule A - Direct Contributions

This schedule is used for reporting all direct contributions. You must keep a record of all contributors, but for this report you may combine all contributions of \$100 or less from individuals and the same from political parties and enter these sums as unitemized contributions on their respective lines below and on the next page. Any contribution of more than \$100 or aggregate during a calendar year from an individual or political party and all contributions from PAC's must be entered as a separate item (itemized) giving the amount, name, address and place of employment (if applicable) of the contributor. Each type of contributor has their own section for itemization. This schedule may be duplicated if you need more space, or you may attach additional sheets of paper.

Unitemized Contributions from I	ndividuals:		*\$ 695 <u>600</u>
Itemized Contributions from Ind	ividuals		
Name	Residence Address	Place of Employment (Name of Employer)	**
Donna Michael	2805 W.3157	3400	s <u>400</u>
	Soux Falls S.D 57105	Elactenic Systems Inc.	\$
Dole Cole	2709 5. Air Dept Blue 60mml, OK 23013	Resource National Insla.	\$ 250°=
Roger Cole	Iduania Cay OK BIIS	Reserve Watron Ins.	\$ 250°°
Delek Colton	10809 Dalmore Pl. Raleigh, N.C. 27614	Researe Watrond Esco	\$ 250°3
MR Diek Farmer	6383 Spery Beack 10 Pack Soul II 61114	Researce Watnam JASC	s 250 C
Bead Minor	22735 466 Aue Rutland S. a 57057	Self Employeel	\$ <u>25000</u>
TORRY Minor	22735 466 AUR Ruttan CS A 5257	Self Emplyers	\$ 250° = 1
Clay Dones	4700 where Hampholia.	Self Employans	\$ <u>242°</u> \$
Floyd Dones	1900 5. Sheeman Survey Fells & 50 67105	Retired	\$ \$ \$\frac{100}{2}
Kim Liedtke	4001 N. Longview Au Signe Falls 3/165/107	Emmanue (Boptist Chuce	\$
Decey Michael	2805 W. 315+	Rehiel	\$ 10000
Doug Sunde	5,0-x fells 5,0.57/05 45764 23/5+ Madison 5,057	Self Employeel	\$ 100°
Total of Itemized Contributions 1			*\$ 2,542

Name of Candidate or Committee:	hal 7 healthe	
For the reporting period ending:	2-31-04	
Schedule List on this schedule fund-raising events held to	e B - Fund-Raising Events Proceeds oraise money for the candidate and the net proceeds derived ribution results in their aggregate being more than \$100 in the	from each event. If a e calendar year, those
Type or Name of Event		Net Proceeds
		-
		A A A A A A A A A A A A A A A A A A A
Total:		
	edule C - In Kind Contributions ervices and the estimated fair market value. If the value exceptoyment must be reported. Name, Residence Address &	eeds \$100, the name of the
Nature of Non-Cash Contribution	Place of Employment	Estimated Value
Caeds	S.D. Republican tasty	#211
Yael signs	(c - ')	464
Blianing		158
Dan Site	Dan Liectke (Self) 2812 kipps Glory la Gulfoset Fl. 33207	132
Stickers	Lee Schoen beck P.O. Dox 1325	18
	Water town S.D 57201	
	Self	
		4
Total:		1,405
	Schedule D - Other Income	
	t earned or other income which is not a direct contribution.	
Source of Income		Amount
		THE STATE OF THE S
		- Arrange Annual
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Total:		A
		

Name of Candidate or Committee had hier the

For the reporting period ending___

Schedule A – Direct Contributions (continued)

	**
Unitemized Contributions from Political Parties:	**\$
Itemized Contributions from Political Parties	
Party Name Address	6.3
Mines Co. Republicans House S.D.	\$ 1,000
	\$
Total of Itemized Contributions from Political Parties:	*\$ 1,050
Itemized Contributions from Political Action Committees (PAC's) - All contributions PAC Name Address	from PAC's must be itemized.
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$ \$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
Total of Itemized Contributions from Political Action Committees:	*\$
Total of All Direct Contributions (Sum of all lines with an *)	s 4,287°

Name of Candidate or Committee: har a hiedake				
For the reporting period	ending: 12-31-04			
Schedule F - Debts and Obligations This schedule is to report all of the candidate's campaign obligations which are unpaid at the end of the reporting period. If a service has been contracted but not billed, estimate the amount of the obligation.				
Owed to:	Purpose:	Amount		
<u> </u>				

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Total Obligations:

Name of Candidate or Committee:_	Chal	<u></u>	Liedtke	Appendix E
For the reporting period ending:	12-31-04			

Schedule E - Expenditures

This schedule is to report all expenditures relating to a candidate's campaign. Line items have been provided for reporting common expenses. All other expenses should be listed. All contributions to candidates and committees must be listed individually.

	penses	Contributions Made to	Candidates and Committees
Item	Amount	Name of Candidate or Committee	Amoun
Advertising	3,258		
Consulting			
Postage	111		
Printing	99		
Rent		· · · · · · · · · · · · · · · · · · ·	
Salaries			
			
Telephone		V	
Fravel	510		
Utilities			
List other expense tems below	List other expense amounts below		
Foo	255		
1000	<u></u>		
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	op a september of the party of		

	me of Candidate or Committee: \(\) r the reporting period ending: \(\)	sal Lieltke 31-04	Appendix B
Thi	s summary sheet will give a brief outline of all can n the schedules previously completed.	Summary Page mpaign finance activity during this reporting period.	Please transfer all totals
1.	Amount on hand, if any, at the beginning	g of the reporting period:	s_
2.	Receipts		
	Schedule A - Direct Contributions	5 4,287	
	Schedule B - Fund-Raising Events	s_ 	
	Schedule C - In Kind Contributions	\$ 1,405	
	Schedule D - Other Income	\$	
	Total of all Receipts	\$ 5,692	01.7
3.	Total Monetary Receipts (A+B+D)	,	s 4,287°
4.	Candidate's Personal Contribution to Ow	n Campaign	\$
5.	Monetary Loans to Candidate or Commit	ttee During Reporting Period	s_ -
6.	Monetary Loans Repaid During Reporting	ng Period	\$
7.	Expenditures - Schedule E		\$ 4,233
8.	Unpaid Obligations - Schedule F	s C	-

9. Amount on hand at the close of this reporting period. * This should equal lines (1+3+4+5) - (6+7)

Appendix C

Secretary of State

State Capitol, Ste 204 500 East Capitol Avenue Pierre, South Dakota 57501-5070 sdsos@state.sd.us



Chris Nelson Secretary of State

Chad Heinrich Deputy

State of South Dakota

Voluntary Statement of Organization for a Political Action or Ballot Question Committee

State law does not require new political action (PAC) or ballot question committees to register with the Secretary of State. Law does however require these committees to file campaign finance reports periodically following the commencement of political activity. This voluntary registration form will give the Secretary of State the information necessary to send your committee the proper reporting forms prior to the deadline for filling.

FULL NAME OF COMMITTEE:			
MAILING ADDRESS:			
COMMITTEE TREASURER:			
PHONE:			
TYPE OF COMMITTEE (PAC or Ballot Question): If you are a ballot question committee, please also indicate the measure which you are			
supporting or opposing.			
Date:			
Signature of person submitting voluntary registration			

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